EF-264-AH-R13-0522-27000052-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

This claim must be filed by 5:00 p.m., February 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY		
	¬ F	Received by		
	C	of(county or city)		
L		ON(date)		
If you no longer seek an exemption at this location, check here Sign a	and return t	this form to the Assessor. Date vacated:		
NAME OF CLAIMANT				
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER ()		
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT		
1. Owner and operator: (check applicable boxes)				
Claimant is:	•			
and claims exemption on all	nents a	and/or Personal property		
2. Does the above institution qualify as a college or seminary of learning unit of YES NO	under the la	aws of the State of California?		
3. Is the institution conducted as a non-profit entity? YES NO				
4. Does the institution require for regular admission the completion of a fo	our-year hig	gh school course or its equivalent?		
5. Does the institution confer upon its graduates at least one academic or prand sciences, or on a course of at least three years in professional study veterinary medicine, pharmacy, architecture, fine arts, commerce, or journally INO	dies, such a			
6. Is the property for which the exemption is claimed used exclusively for	r the purpo	uses of education?		
YES NO				

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

